



Form No.	A-L-0006
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Page 1 of 10	

CHAPTER 115 AIR EMISSION LICENSE APPLICATION FORMS

State of Maine
Department of Environmental Protection
Bureau of Air Quality
17 State House Station
Augusta, Maine 04333-0017
phone: (207) 287-2437 fax: (207) 287-7641

Section A: FACILITY INFORMATION

Facility Name to Appear on License: _____

Physical Location: _____ City/Town: _____ County: _____

Facility Mailing Address: _____

City/Town: _____ Zip Code: _____

Facility Phone Number: _____

Facility / Application Description:

Current License #: A- _____ - _____ - _____ - _____

Application #: A- _____ - _____ - _____ - _____ (to be filled in by the Department)

Check When Done:

- ☐ Application Completed
- ☐ Copy Sent to Town (date sent _____)
- ☐ Public Notices Published
(paper name: _____ date: _____, date: _____, date: _____)
- ☐ Enclosed Public Notice Tear Sheet
- ☐ Signed Signatory Form (section J)
- ☐ If applicable, notified abutting landowners (major modification)
- ☐ If applicable, enclosed check for fee (new sources)

State of Maine DEP - Bureau of Air Quality
Chapter 115 Air Emission License Application
Revised 11/04

Facility Contact:

Name: _____ Title: _____

Mailing Address: _____

City/Town: _____ Zip Code: _____

Phone: _____ Fax: _____

e-mail: _____

Application Contact:

Name: _____ Title: _____

Mailing Address: _____

City/Town: _____ Zip Code: _____

Phone: _____ Fax: _____

e-mail: _____

Billing Contact:

Name: _____ Title: _____

Mailing Address: _____

City/Town: _____ Zip Code: _____

Phone: _____ Fax: _____

e-mail: _____

State of Maine DEP - Bureau of Air Quality
Chapter 115 Air Emission License Application
Revised 11/04

Section B: FUEL BURNING EQUIPMENT

[illegible]

Control Device Description for Fuel Burning Equipment

[illegible]

FUEL BURNING EQUIPMENT (section B cont'd)

Monitors for Fuel Burning Equipment:

If applicable, indicate types of required operated monitors, including CEM, COM, parameter monitors for operational purposes, etc.

Emission Unit	Type of Monitor	Data Measured	Date Installed	Monitor Location
<i>Boiler #1 (Example)</i>	<i>CEM (Example)</i>	<i>NO_x (Example)</i>	<i>1990 (Example)</i>	<i>stack 1 breach (Example)</i>
<i>Boiler #1 (Example)</i>	<i>param. – operational (Example)</i>	<i>temperature (Example)</i>	<i>1988 (Example)</i>	<i>back of boiler chamber (Example)</i>

Section C: INCINERATORS

	Incinerator Unit 1	Incinerator Unit 2
Incinerator Type (medical waste, municipal, etc.)		
Waste Type		
Make (Shenandoah, Crawford, etc.)		
Model Number		
Date of Manufacture		
Date of Installation		
Number of Chambers		
Max. Design Feed Rate (per load)	lb	lb
Max. Design Combustion Rate	lb/hr	lb/hr
Heat Recovery? (Yes or No)		
Retention Time	seconds	seconds
Automatic Feeder? (Yes or No)		
Temperature Range primary	to °F	to °F
secondary	to °F	to °F
Auxiliary Burner - Primary Chamber max. rating (MMBtu/hr)		
type of fuel used		
Auxiliary Burner - Secondary Chamber max. rating (MMBtu/hr)		
type of fuel used		
Annual Waste Combusted for _____(yr)		
Pollution Control Equipment (if any)		
Stack Number		
Monitors (ie - temperature recorder)		

State of Maine DEP - Bureau of Air Quality
Chapter 115 Air Emission License Application
Revised 11/04

Section D: PROCESS EQUIPMENT

Emission Unit #	Type of Equipment	Maximum Raw Material Process Rate (name and rate)	Maximum Finished Material Process Rate (name and rate)	Date of Manufacture	Date of Installation	Stack #	Control Device
<i>RC #1 (Example)</i>	<i>rock crusher (Example)</i>	<i>150 tons/hr gravel (Example)</i>	<i>150 ton/hr gravel (Example)</i>	<i>1990 (Example)</i>	<i>1994 (Example)</i>	<i>N/A (Ex.)</i>	<i>water sprays (Example)</i>

Control Device Descriptions for Process Equipment

Emission Unit #	Control Device	Pollutant(s) Controlled	Capture Efficiency (%)	Control Efficiency (%)
<i>Ex.rc1</i>	<i>water sprays</i>	<i>PM</i>		<i>approx. 90</i>

PROCESS EQUIPMENT (section D cont'd)

Chemical Usage

Note: Complete this section for any chemicals integral to your process, for example, a cementing process for outsoles, dyes, surface coating, printing, cleaning, etc. Attach additional pages or MSDS sheets as needed.

Process	Chemical compound used in process	Actual Compound Usage (gal or lb for yr ____)	Hazardous chemical(s) in compound	Percent VOC (%)	Percent HAP (%)	Total VOC emitted (lb/year) *	Total HAP emitted (lb/year)

Describe method of record keeping (ie. monthly calculations from purchase records, flow monitors on solvent tanks, etc.) _____

* Describe any assumptions used to calculate VOC emitted if 100% volatility is not used (ie - if control equipment was taken into account; if conditions exist where solvents remain in the substrate rather than complete volatilization, etc.)

Section E: STACK DATA

Stack #	Height above ground (circle units: m , ft)	Inside Diameter (circle units: m , ft)	Exit Temperature °F	Flow Rate (m ³ /s or ft ³ /s) [indicate actual or standard]

Section F: ANNUAL FACILITY FUEL USE

Total Fuel Consumption by Month for: _____ (year)

fuel type: _____

fuel type: _____

fuel type: _____

Avg % sulfur (oil) _____

Avg % sulfur (oil) _____

Avg % sulfur (oil) _____

Avg % moisture (wood) _____

Avg % moisture (wood) _____

Avg % moisture (wood) _____

(circle one: gal, tons, scf)

(circle one: gal, tons, scf)

(circle one: gal, tons, scf)

January _____

February _____

March _____

April _____

May _____

June _____

July _____

August _____

September _____

October _____

November _____

December _____

Total _____

Section G: LIQUID ORGANIC MATERIAL STORAGE

Tank #						
Capacity (gallons)						
Materials Stored						
vapor pressure & temp						
RVP						
total oxygen content						
oxygenate name						
annual throughput						
Above or Below Ground?						
Tank Type (floating or fixed, riveted or bolted, etc.)						
Physical Description - age						
Physical Description - color						
Dimensions - height (ft)						
Dimensions - Diameter (ft)						
Control Device						

Section H: MISCELLANEOUS

Parts Washers/Solvent Degreasers

Emission Unit #	Capacity (gallons)	Solvent Used
<i>Degreaser #1</i> <i>(Example)</i>	<i>15</i> <i>(Example)</i>	<i>Kerosene</i> <i>(Example)</i>

Note: Use this section to describe any equipment, activities, or other air emission sources that did not fit in any of the above categories. Include descriptions of the associated emissions.

Equipment Description(s): _____

Section I: LIST OF ATTACHMENTS

Please list any attachments included with this application.

Section J: SIGNATORY REQUIREMENT

Each application submitted to the Department must include the following certification signed by a Responsible Official*:

"I certify under penalty of law that, based on information and belief formed after reasonable inquiry, I believe the information included in the attached document is true, complete, and accurate."

_____ Responsible Official Signature	_____ Date
_____ Responsible Official (Printed or Typed)	_____ Title

* A Responsible Official is defined by MEDEP Chapter 100 as:

- A. For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or a duly authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either:
 - (1) The facilities employ more than 250 persons or have gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars); or
 - (2) The delegation of authority to such representatives is approved in advance by the permitting authority;
- B. For a partnership or sole proprietorship: a general partner or the proprietor, respectively;
- C. For a municipality, State, Federal, or other public agency: Either a principal executive officer or ranking elected official. For the purposes of this part, a principal executive officer of a Federal agency includes the chief executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., a Regional Administrator of EPA).